



DELAWARE STATE FIRE SCHOOL

PREREGISTRATION FORM



COURSE NAME:	DATES OF COURSE:
PREREQUISITES:	
	RETURN BY:

PLEASE PRINT: LAST NAME	FIRST NAME	MI	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
1.					
2.					
3.					

CANCELLATION POLICY

Cancellations for students pre-registered for a course must be received by the Fire School no later than noon on the Wednesday for weekend scheduled classes and no later than noon the day before for weekday scheduled classes. Cancellations received after Wednesday noon will be considered "no shows" and will be handled in accordance with the NO SHOW POLICY. Cancellations will only be accepted from the Fire Chief or the Authorized Training Officer. A cancellation number will be issued.

DEPT/ORGANIZATION NAME: _____

ADDRESS: _____

WE CERTIFY THAT THE STUDENTS LISTED ABOVE DO NOT HAVE ANY PHYSICAL AND/OR OTHER CONDITIONS THAT WOULD PREVENT THEM ACTIVELY PARTICIPATING IN ALL PORTIONS OF THIS COURSE.

WE UNDERSTAND THAT PAYMENT FOR ANY AND ALL MEDICAL, FIRST AID AND RELATED CHARGES WILL BE THE RESPONSIBILITY OF THE SPONSORING ORGANIZATION.

AUTHORIZED SIGNATURE REQUIRED	PRINT SIGNATURE:
_____ AUTHORIZED SIGNATURE	_____ TITLE:
DATE	

Required Information

****All Information Must be Completed****

Fire Chief: _____ Home: _____
Print Name

Work: _____ Fax: _____

E-mail: _____ Cell Phone: _____

Treasurer: _____ Home: _____ Work _____
Print Name

E-mail: _____ Cell Phone: _____

METHOD OF PAYMENT - OUT-OF-STATE FIRE DEPARTMENTS

PAYMENT MUST ACCOMPANY REGISTRATION FORM

☐ Check \$ _____ Attached ☐ Credit Card (type) _____ # _____ Exp. _____

Refunds will be made for any student not accepted.

Return Form To: Delaware State Fire School, 1461 Chestnut Grove Road, Dover, DE 19904

PHONE: (302) 739-4773

FAX: (302) 739-6245